

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713758

FILED
Feb 15, 2024
Secretary of State
1172058814CC

Entity Name: FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC.

Current Principal Place of Business:

130 S PENNSYLVANIA AVENUE
LAKE ALFRED, FL 33850

Current Mailing Address:

P O BOX 1227
LAKE ALFRED, FL 33850 US

FEI Number: 59-2137410

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUBREUIL, KIMBERLY REV
130 S PENNSYLVANIA AVENUE
LAKE ALFRED, FL 33850 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REV. KIMBERLY DUBREUIL

02/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name MATHIS, ROGER
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TREASURER
Name HARKINS, DEBORAH
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name WALKER, TED
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title THRIFT STORE MANAGER, TRUSTEE
Name WIRTH, CHERYL
Address PO BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title PASTOR
Name DUBREUIL, KIMBERLY REV
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title CHAIRMAN
Name HINEGARDNER, BARBARA
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name QUACKENBUSH, DOROTHY
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name WARNE, NORMA
Address PO BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH J HARKINS

TREASURER

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title FINANCIAL SECRETARY
Name MORARITY, BONNIE
Address PO BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name PILIERI, ROCK
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name GANGLOFF, CATHY
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name MAYFORTH, RUTHE
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name LEGANT, MARTY
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE, CHAIRMAN
Name BRAND, GARY
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name MOORE , DENNIS
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name WILLIAMS, KATHI
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850

Title TRUSTEE
Name MOONEYHAM, RONNIE
Address P O BOX 1227
City-State-Zip: LAKE ALFRED FL 33850